



City of Hilliard  
3800 Municipal Way  
Hilliard, Ohio 43026  
Telephone (614) 876-7361  
www.hilliardohio.gov

APPLICATION #

21-0544 LC

## 2021 PLANNING AND ZONING COMMISSION APPLICATION

### CHECK THE TYPE OF APPLICATION WITH CORRESPONDING FEE:

- |   |   |
|---|---|
| <input type="checkbox"/> Old Hilliard District Plan (\$250)   | <input type="checkbox"/> Preliminary Plat   |
| <input type="checkbox"/> Limited Overlay (\$850)  | <input type="checkbox"/> Residential (\$650 plus \$20 for each lot greater than 100 lots)                             |
| <input type="checkbox"/> Rezoning   | <input type="checkbox"/> Commercial / Industrial (\$1500 plus \$20 per acre)  |
| <input type="checkbox"/> Single Family <5 acres (\$1,100)   | <input type="checkbox"/> Final Plat   |
| <input type="checkbox"/> PUD/ HCD/ Old Hilliard District (\$2,100)                                      | <input type="checkbox"/> Residential (\$900 plus \$20 for each lot greater than 50 lots)                              |
| <input type="checkbox"/> All other zoning districts (\$3,100)   | <input type="checkbox"/> Commercial / Industrial (\$1500 plus \$20 per acre)  |
| <input type="checkbox"/> PUD Final Development Plan (\$1000)  | <input type="checkbox"/> Lot Split or Deed Transfer   |
| <input checked="" type="checkbox"/> Modification of PUD Zoning/Final Development Plan                   | <input type="checkbox"/> Residential (\$300)  |
| <input type="checkbox"/> Residential (\$350)  | <input type="checkbox"/> Commercial / Industrial (\$750)  |
| <input checked="" type="checkbox"/> Commercial (\$600)  | <input type="checkbox"/> Graphics Variance Application - List ALL Code Sections that apply and describe in Section I: |
| <input type="checkbox"/> Level "B" Site Plan (\$1000)   | <input type="checkbox"/> Within Old Hilliard District - one sign (\$150)  |
| <input type="checkbox"/> Level "B" Site Plan Minor Changes  | <input type="checkbox"/> Single Sign Variance (not in Old Hilliard) (\$200)   |
| <input type="checkbox"/> Residential (\$250)  | <input type="checkbox"/> Graphics Plan or Package - 2-3 signs, any district (\$500)                                   |
| <input type="checkbox"/> Commercial (\$500)   | <input type="checkbox"/> Graphics Package - 4 or more signs, any district (\$750)                                     |
| <input type="checkbox"/> Conditional Use (Specify Use Below)  | <input type="checkbox"/> All Other Reviews - Describe Below (\$100)   |
| <input type="checkbox"/> Old Hilliard (\$250)   |   |
| <input type="checkbox"/> Residential (\$500)  |   |
| <input type="checkbox"/> Commercial including Special Use for Wireless Communication Facilities (\$700) |   |

### Fee to Table/Postpone any Application (before any Board, Commission, or City Council)

	Within Old Hilliard	Existing Single Family	All Others
First	\$100	\$100	Same as original fee
Second	\$200	\$200	1.5 times the original application fee
Third	\$300	\$300	2.0 times the original application fee

### SUBMISSION REQUIREMENTS:

- Required application fee (see above).
- One original complete application **with original signed and notarized property owner's signature.**
- One copy of all required plans to scale on paper not larger than 22-inch-by-34-inch.
- One reproducible **electronic copy** of all required plans to scale AND all application materials via compact disc (CD) or flash drive medium.
- Plot plan **to scale** showing property lines, easements, building footprint, and other information associated with the site.
- Legal description and all other documents required for the application.
- The names and mailing addresses of all property owners within 400 feet of the subject property **on mailing labels.**

### I. PROPERTY INFORMATION

Applicant/Business is known as: Matrix Pharmacy		Property Address: 3775-B Trueman Court	
Tax District Parcel Number: 050-010592-00		Parcel Size (Acres): 2.996 Acres	
		Current Zoning District: PUD - Planned Unit Development	
Property Location (if property address is not listed above): 3775-B Trueman Court, Hilliard, Ohio 43026			
Specify Conditional Use or Describe Requested Review: Modification PUD Zoning (Zoning Text)			
FOR OFFICE USE ONLY			
Amount Received: \$600.00		Receipt Number: 409-102932	
		Date Received: FEBRUARY 3, 2021	





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## II. PROPERTY OWNER INFORMATION

Name of Current <b>Property Owner(s)</b> : MPA Hilliard LLC		
Mailing Address (Street, City, State, Zip Code) 40 Burton Hills Boulevard, Suite 100, Nashville, Tennessee 37215		
Daytime Telephone Number: 615-772-8487	Fax Number:	e-mail Address: andyg@medicalproperties.com

## III. CONTACT INFORMATION FOR OWNER'S AUTHORIZED REPRESENTATIVE

Name of Contact Person (Ex. Attorney, Architect, etc.) Rebecca J. Mott, Attorney for Applicant		
Mailing Address (Street, City, State, Zip Code) Plank Law Firm, LPA, 411 East Town Street, Floor 2, Columbus, Ohio 43215		
Daytime Telephone Number: 614-947-8600	Fax Number: 614-228-1790	e-mail Address: rjm@planklaw.com

## IV. AUTHORIZATION TO VISIT THE PROPERTY

Site visits to the property are necessary by City representatives in order to process this application. By completing and submitting this application, the Property Owner/Applicant hereby authorizes City representatives to visit, photograph, and post a notice on the property described in this application.


## V. OWNER AUTHORIZATION FOR REPRESENTATIVE

I, <u>MPA Hilliard LLC</u> <u>ANDREW GRISHAM</u> , the Property Owner listed above, hereby authorize <u>Rebecca J. Mott</u> <u>v.p.</u> to act as my representative and agent in all matters pertaining to the processing and approval of this application including modifying the project, and I agree to be bound by all representations and agreements made by the designated agent.	
Signature of Current <b>Property Owner</b> (listed above): <u>[Signature]</u> <u>v.p.</u>	
Subscribed and sworn to before me this <u>21<sup>st</sup></u> day of <u>FEBRUARY</u> , 20 <u>21</u> Notary Public <u>[Signature]</u>	



## VI. APPLICANT'S AFFIDAVIT - (PLEASE PRINT)

STATE OF <u>Ohio</u>	COUNTY OF <u>Franklin</u>
I, <u>Rebecca J. Mott, Plank Law Firm, LPA</u> , the applicant or the authorized representative, have read and understand the contents of this application. The information contained in this application, attached exhibits and other information submitted is complete and in all respects true and correct, to the best of my knowledge and belief.	
Signature of Applicant or Authorized Representative: <u>Rebecca J. Mott, Attorney</u>	
Subscribed and sworn to before me this <u>3</u> day of <u>February</u> , 20 <u>21</u> Notary Public <u>Lynette Mapes</u>	





## VII. TRAFFIC IMPACTS

Which of the following conditions applies to this application (**One box must be checked**):

- ☒ A. This application has no impact on traffic, safety, or congestion in the area. Example applications include sign variances, architectural changes, setback variances, etc.  
**No traffic analysis is required.**
- ☒ B. A traffic analysis was conducted for this site previously, and this application is consistent with the development assumed in the previous study.  
**No additional traffic analysis is required.**  
**List the title and date of the previous study and include two copies with this application.**  
\_\_\_\_\_
- ☐ C. A traffic analysis was conducted for this site previously, but this application deviates from the assumptions in the previous study.  
**An update to the previous analysis is required.**  
**List the title and date of the previous study and include two copies with this application.**  
\_\_\_\_\_
- ☐ D. This application does not significantly change the trip generation or access of the site as it is currently being used, and the site is located away from areas of congestion. Example applications include modifying an existing use to a less intense or equally intense use from a traffic-generation standpoint with no need to change existing traffic control devices.  
**A "before" and "after" trip generation comparison or a brief narrative describing the trip-generating nature of the old and new use is required to support the claim that the proposed development generates an equal or less amount of traffic.**
- ☐ E. This application has an impact on traffic in the area. Example applications include a change in use, change in size of existing use, change in access, or rezoning to a more intense land use from a traffic-generation standpoint.  
**A traffic operations analysis (minor traffic study) is required in accordance with the "Applicant's Guide for Traffic Access and Impact Studies for Proposed Development".**
- ☐ F. This application has an impact on traffic in the area. Example applications include a new development of a significant size and traffic impact (rezoning, major modification to zoning, or development plan approval) or development of a site in a location that is currently experiencing nearby congestion.  
**A complete transportation study (major traffic impact study) is required in accordance with the "Applicant's Guide for Traffic Access and Impact Studies for Proposed Development".**

**One paper copy and one electronic copy** (all appendices in both) **OF THE TRAFFIC ANALYSIS CONDUCTED FOR THE SITE AS REQUIRED IN ACCORDANCE WITH THE "APPLICANT'S GUIDE FOR TRAFFIC ACCESS AND IMPACT STUDIES FOR PROPOSED DEVELOPMENT".**

A traffic analysis is required if C, E, or F was checked in Section III above. A "before" and "after" comparison of traffic generated by the development is required if D was checked in Section III above.

## VIII. FOR REZONING OR LIMITED OVERLAY APPLICATION ONLY

PREVIOUS APPLICATION: Has an application for rezoning the property been denied by the City Council within the last two years? ☐ Yes ☒ No If Yes, then state the basis of the reconsideration?

Reason:

PLANNED DISTRICT REQUESTS: Submit **one paper copy** and **one electronic copy** of a dated proposed development plan & text.

LIMITED OVERLAY REQUESTS: Submit **one paper copy** and **one electronic copy** of a dated proposed development plan & text.

**IX. STATEMENTS – (Please attach additional sheets as necessary to fully address the statement.)**

Existing Land Use/Development PUD / Offices & Neighborhood Commercial
Proposed Land Use/Development: PUD / Offices & Neighborhood Commercial
<b>STATEMENT:</b> State briefly how the proposed development relates to the existing and potential land use character of the vicinity. (Attach letter of intent if additional space is needed.)  Please see Exhibit "A"
<b>STATEMENT:</b> State briefly how the proposed development relates to the Hilliard Comprehensive Plan.  Please see Exhibit "A"
<b>STATEMENT:</b> State briefly how the proposed development addresses pedestrian mobility and access within the site and to/from the site.  Please see Exhibit "A"

**X. PLEASE INCLUDE THE FOLLOWING:**

**PLAN REQUIREMENTS:**

**(1) SET OF PLANS TO SCALE on paper not larger than 22-inch-by-34-inch:**

- a. The site and all land 500 feet beyond the boundaries
- b. North arrow and bar scale
- c. Existing conditions (Roads, buildings, vegetation, topography, jurisdictional boundaries, utilizes, etc.)
- d. Proposed Uses (Regional transportation system, densities, number of dwellings, building/unit types, square footages, parkland/open space, utilities, etc.)
- e. Existing zoning district boundaries
- f. Size of the site in acres/square feet
- g. All property lines, street rights-of-way, easements and other information related to the location of the proposed boundaries
- h. Landscape plan (tree preservation, tree replacement and table identify existing and proposed plant material including botanical name, common name, installation size, and spacing
- i. All building elevations to scale (dimensions, material colors, roof pitch, mechanicals including ground-and-roofing mounted, etc.)
- j. Color rendering or color building elevations of proposed building or building addition
- k. Storm water management plan and grading plan (conceptual plans may satisfy this requirement)
- l. Site lighting plan (including location and types of fixtures and light sources)
- m. Signage (including existing and proposed sign locations and elevation drawings in color)

One sample board of exterior building materials including colors and name of manufacturer.

**XI. NEIGHBORING PROPERTY OWNERS**

Submit one complete list of all neighboring property owners within 400 feet from the perimeter of the subject property and their mailing addresses. Such list is to be in accordance with the County Auditor's current tax list. The list must be submitted either on labels or on a computer disk formatted for Avery 5160. **Applications lacking this information WILL NOT BE ACCEPTED.**



## Exhibit "A"

### Project Narrative

The applicant, Matrix Pharmacy, (the "Applicant") is requesting a modification of the PUD, Planned Unit Development, Zoning Text involving the 2.996 acre parcel located at 3775-B Trueman Court, Hilliard, Ohio 43026, Franklin County Auditor Tax Parcel Id. No. 050-010592 (the "Property"). The modification involves Subarea 3 of the Zoning Text, and, more specifically, the 15.30 acre office area subsection of Subarea 3. Applicant proposes to add to the permitted uses in the office area subsection, which currently includes: One- and two-story offices, medical offices, outpatient surgical centers, and laboratory & research facilities. Applicant proposes to add the following use: Pharmacy facilities for compounding, processing, packaging, filling, packaging and dispensing of medications ordered by prescription and delivered by mail or other delivery services with ancillary at location sales, not exceeding eight percent (8%) of gross sales, for convenient emergency pick-up of prescriptions and medical accessory products only.

The proposed changes to the Zoning Text complement and enhance the character of the PUD and vicinity. The proposed uses match the size and character of the permitted medical and office uses and will provide more flexibility for the current and future Property owner, as well as the Property owner's tenants. The proposed uses are not objectionable uses, and the proposed retail use is restricted and clearly ancillary to the office use. The proposed use align with the surrounding neighborhood-scale medical office facilities, neighborhood business area (Subarea 3), and the retail stores across Trueman Boulevard (Subarea 1 and Subarea 2). The Property is surrounded by similarly zoned PUD, Planned Unit Development, properties and property outside the jurisdiction.

The Hilliard Comprehensive Plan advocates for "Professional Office" use at the Property. Professional Offices shall consist of 1-3 story buildings that incorporate a mix of small to medium sized office space for a range of uses, generally professionals such as medical, financial services, legal practices, and engineering consultants. Applicant's modification of the Zoning Text aligns with the City's objective to have flexible, professional office uses on the Property. Applicant is proposing a more flexible Zoning Text that matches the character of the area and the purpose of the original zoning. The modification of the Zoning Text will not require exterior alterations of the existing buildings, landscaping, parking lots, or development standards. Further, the proposed modifications have no negative effect on the pedestrian mobility and access within the property and to/from the Property.

Exhibit "D"

**Legal Description**

Situated in the State of Ohio, County of Franklin and in the City of Hilliard:

Being Lot One (1) of Blazing Star Subdivision, a re-subdivision of all of Lot 5 of Central Park-Hilliard Ohio in Plat Book 102, Page 65-67, of record in Plat Book 109, Page 16, Recorder's Office, Franklin County, Ohio.

### Version One – Property Owner's Version.

#### B. Permitted, Conditional and Prohibited Uses

1. Office area (15.30 acres as shown on the Subarea 3 Exhibit A Subarea Drawing) – The following shall be permitted uses: One- and two-story: offices; medical offices; outpatient surgical centers; laboratory & research facilities; pharmacy facilities for the compounding, processing, packaging, filling, packaging and dispensing of medications ordered by prescription and delivered by mail or other delivery services with ancillary at location sales, not exceeding eight percent (8%) of gross sales, for convenient or emergency pick-up of prescriptions and medical accessory products only.

### Version Two – City's Version

#### B. Permitted, Conditional and Prohibited Uses

1. Office area (15.30 acres as shown on the Subarea 3 Exhibit A Subarea Drawing) –
  - a) Permitted Uses. ~~The following shall be permitted uses:~~ One-and two-story offices, medical offices, outpatient surgical centers, laboratory & research facilities, and pharmacy facilities for the compounding, processing, packaging, filling, and dispensing of medications ordered by prescription. A maximum of one (1) Pharmacy Facility is permitted within in the entire Subarea 3. The Pharmacy Facility may not exceed 1050 square feet in floor area and may not operate in a standalone building.
  - b) Uses not specifically listed in section a) above shall not be permitted in the Office Area of Subarea 3.